

Form CPF M 102: Campaign Finance Report Municipal Form CITY OF

CITY OF CAMBRIDGE

	Office of Campaign and Political Finance	ELECTION COMMISSION								
zezachwells		2003 OCT 29 P 12: 32								
with: or Town Clerk or Election Commission Please	print or type all information, except sig									
Fill in dates: Reporting Period Beginning 0	Ol O3 Ending	Month Date Year 10 17 03								
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day	ay preceding election □30 day after	election year-end report dissolution								
RECHARD HARDENG Full Name of Candidate (if applice		Elect Rochard Stanley Committee Name								
SCHOOL COMMETTER Office Sought and District 187 WENDSONST. CAMPSING	1 1 1	BANBOSA of Committee Treasurer 1. CAMBANG, MA 02139								
Residential Address		mittee Mailing Address								
Tel.	No. (optional)	Tel. No. (optional)								
Line 1: Ending balan	MARY BALANCE INFORMAnce from previous report ts this period (page 2, line 11)	S 110.96 \$ 65.00								
Line 3: Subtotal (line	l plus line 2)	\$ 6690.96								
Line 4: Total expend Line 5: Ending balar	litures this period (page 3, line ace (line 3 minus line 4)	\$ 6608.59 \$ 685.37								
Line 6: Total in-kind of Line 7: Total (all) outs Line 8: Name of bank	\$ 5560,00 VX									
finance activity, including all contributions, loans, receip campaign finance activity of all persons acting under the	ots, expenditures, disbursements, in-kind contributi	ige and belief, a true and complete statement of all campaigns and liabilities for this reporting period and represents the lance with the requirements of M.G.L. c. 55.								
Treasurer's signature (in ink)	The same parties in the residence of the conflict control of the conflict cont	manufacture and the second and Date								

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Address of the second and the second					
Affidavit of Candidate: (check 1	box only)	The second secon		Europe State	
Candidate with Committee and	d no activity independent of	the committee			
Certify that I have examined this r	enort including attached sched	lules and it is, to the best of	my knowledge and be	lief, a true and comple	te statement of all campaign
finance activity, of all persons actir	ng under the authority or on be	half of this committee in a	ccordance with the req	uirements of M.G.L. c.	55. I have not received any
contributions, incurred any liabilities	s nor made any expenditures of	on my behalf during this rep	orting period.		
☐ Candidate without Committee	OP Candidate with indepen	ndent activity filing separ	ate report		and the second s
I certify that I have examined this r	encet including attached sched	fules and it is to the best of	my knowledge and be	lief, a true and comple	te statement of all campaign
finance activity, including contribu	tions looms receipts expendit	hare disharements in-kin	d contributions and lis	bilities for this reporting	ng period and represents the
campaign finance activity of all per	HOIB, IOAIB, receipts, experient	or on behalf of this comm	ittee in accordance with	h the requirements of M	4GL c 55
campaign tinance activity of all per	sons acting under the authority	of on benan of this comm			and the second s
Candidate signature (in ink)	Signed unde	er the penalties of perjury			
12 h - 1	Harker			16/27/0	3
1 Change	1 many		THE RESERVE AND ADDRESS OF	16/27/0	The state of the s
Candidate signature (in ink)				/ Date	
	얼마 그렇게하는 그리고 하다 먹다 그는 그 선생님이 없었다.				Market Market and Control of the Con

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
, , , , , , , , , , , , , , , , , , ,				
		M		
		WA10		
	(/9	16 mil		
		41.3.1%		
			4	The second secon
		- 47 ⁸ 1, 142 tr		
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD		- et	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

umber on eac Date Paid		Address	Purpose of Expenditure	Amoun								
			*									
		,6										
		K /										
	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
		K //										
.												
L. Ken												
Commission Commission	· · · · · · · · · · · · · · · · · · ·											
and the second		eg falletig er om en en en en en et en										
The state of the s												
	and the second s		generalistic graph of the second of the seco									
	1 1 1	Line 12:	Expenditures over \$50									
		Line 13: Expenditures \$50 and under*										
100000	Enter on page 1, line 4	La situation of the contraction	TOTAL EXPENDITURES		200							

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address Description of Contribution	Value
nangan, sanga	August 1	Line 15: In-kind over \$50	
		Line 16: In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	To Whom Due Address Purpose							
11/6/01-1/3/102	JOHN CANNON		Recourt	5500,00					
				and the second s					
and the second									
to a second second second		- Control of the Cont							
The man princip			Alter and the second se	Toleron Company					
	general de la companya de la company		and property of the control	he same that the same of the					
	Enter on page 1, line 7	Line 18: OUTSTANDING	5500;00						

11

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4

Misc.	9/2/03 Walgreen	9/29/03 Walgreen	9/29/03 Walgreen	6/29/03 The Western Front	6/29/03 The Western Front	6/29/03 Selvin Chambers	9/24/03 Samir Randolph	9/2/03 Pill Hardware	10/1/03 Pill Hardware	10/20/03 Moacir Barbosa	6/15/03 Moacir Barbosa	6/11/03 Moacir Barbosa	7/22/03 John Gannon	5/12/03 John Gannon	1/30/03 John Gannon	3/30/03 Jennifer Kastner	10/6/03 Grenier Print Shop	9/25/03 Grenier Print Shop	8/22/03 Grenier Print Shop	6/11/03 Grenier Print Shop	9/30/03 CVS Pharmacy	6/29/03 Cornelio King	8/29/03 Citizens Bank	8/29/03 Citizens Bank	Date Vendor
	* contacted requesting address	* contacted requesting address	* contacted requesting address	343 Western, Ave, Cambridge, Ma	343 Western, Ave, Cambridge, Ma	* contacted requesting address	1887 Beacon St., Brookline, Ma	* contacted requesting address	* contacted requesting address	57 Murdock St, Somerville, Ma	57 Murdock St, Somerville, Ma	57 Murdock St, Somerville, Ma	* contacted requesting address	* contacted requesting address	* contacted requesting address	29 Wendell St	3702 Washington St, Jamaica Plain, Ma	* contacted requesting address	52 Townsend St., Roxbury, Ma	28 State Street, Boston, Ma	28 State Street, Boston, Ma	Address			
	Misc.	Cleaning supplies	Misc.	Kick off	Kick off	Reimbursement	Manager	Cable ties, etc.	Nails, saw, etc.	Stamps, misc.	Stamps, misc.	Stamps, misc.	Recount	Recount	Recount	Admin Support	Printing	Printing	Printing	Printing	Misc.	Catering	Bank Charge	Bank Charge	Expenditure
	24.24	14.65	10.89	50	75	150	200	19.48	27.89	1100	130	400	500	500	500	750	100	346.5	564.9	326.8	16.34	150	23.95	24.95	Amount

6005.59

* Denotes that a letter has been sent to the contributor requesting address and/or employer information. Misc. Contributions (37 contributions of 50 and under)		7/17/2003 Stephien 7/17/2003 Bridge and Structural Iron Workers Union Local 7 PAC-CPF # 195 Old Colony Ave 7/11/2003 Carpenters Local Union No. 40 Political Action Fund 7/11/2003 Carpenters Local Union No. 40 Political Action Fund	Brian Stocker	Lawrence	Paul	9/26/2003 Reuben Dottin	Christina	David	Roberta	3/26/2003 Nichard Green	Richard	Donald E.	Neil	Cherry	Jonathan	3/26/2003 Janet Woses	Janet	Allen	Nancy		Stephen	Andrew	Denise	Andrew	8/2003 Flie	Date Fname II name
tributor requesting address a under)	игау	Union Local 7 PAC-CPF # 1 itical Action Fund				2		2	ω <u>1</u>					ఆ	4	4	. 7							4	1/3	A
and/or employer information	P.O. Box 431 46 Vassar Lane 17 Madeline St.	30 navelock Road 195 Old Colony Ave 701 Concord Ave	31 Arapanoe Rd. 23 Walden St 38 Hayalaak Bood	95 Third Street	65 Hampshire St	20 Baybemy Road	7 VanNorden St.	240 Western Ave Apt 1	812 Memorial Drive No 414/ Cambridge	22 Newtowne Ct Ant 238	187 Windsor St.	187 Windsor St.	187 Windsor St.	362 Rindge Ave, Apt. 12E	40 Essex St	40 Essey St	73 School Street	P.O. Box 938	4 Ashburton Place	112 Ten Hills Road	91 Park Avenue	124 Western Ave	152 Magazine Street		sant St Ant 2A	Address
·	Worcester Worcester Brighton	South Boston Cambridge	West Newton Cambridge	Cambridge	Cambridge	Canton	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Boston	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Somerville	Cambridge	City
	M a a	<u> </u>	S	Ma	M M	Ma a	ă ă	Ma	Ma a	<u> </u>	M Ma	Ma	Ma	Ma	Ma	≤ 2	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma		State
	01613 01602 02135	02127 02138	02465 Registry of Probate 02140	02141	02139	02021	02140	02139 retired	02139	02139 Cooldillator	02139 Coordinator	02139 Manager	02139 Doctor	02140	02139	02139 Doctor			02139 Director	02145	02140 CEO	02139 Propreitor	02139	02145	02139 retired	Zin Occupation
total			Middlesex County							Callibrage Lealth Chiarce	Cambridge Health Alliance	MBTA				WIII	MIT	City of Cambridge	City of Cambridge		Webhood	Spears Funeral Home				Employer
830 6580	100 100	100	100 *	75 *	200 *	200 *	200 * 75 *	100	100 *	100 *	500	100	500 *	100 *	100 *	100 *	200	100	100	150 *	100	100	100 *	100 *	100 *	Amoulinfo requested